

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 322-1086



Date Issued: September 2, 1998
CMSP Letter: 98-7

TO: ALL COUNTY MEDICAL SERVICES PROGRAM (CMSP) COUNTY
WELFARE DIRECTORS

SUBJECT: REVISED CMSP FORMS

This letter transmits two camera ready copies of the following selected revised CMSP forms:

CMSP Form #	Form Title	Language
239 P	Notice of Action - Benefits Restricted to Emergency Medical Services	English & Spanish
239 S	Notice of Action - Application for Retroactive Emergency Medical Services	English & Spanish
219	Rights, Responsibilities and Other Information	English
CMSP Information Notice # 1	Important Information About the County Medical Services Program (CMSP)	Spanish

In CMSP All County Letter #95-8, dated November 7, 1995, counties were instructed to discontinue use of CMSP form 216 and 217 pending development of a replacement form. The CMSP 219 (English version) replaces these forms. Additionally, the interim use of the MC 219 or SAWS 2A (English version) should be discontinued. A Spanish version of the CMSP 219 is being developed and will be mailed to you in the near future. Until then, please continue using whatever Spanish form your county has been using to replace the CMSP 216 & 217.

All CMSP Welfare Directors
Page 2
September 2, 1998

Counties should use these camera ready masters to produce a prudent supply of these revised forms. Previous revisions of these forms should no longer be used.

If you have any questions about this letter please contact Ms. Genny Fleming, of my staff, at (916) 327-3867. Thank you for your attention to this matter.

A handwritten signature in cursive script that reads "Linda McFarland". The signature is written in dark ink on a light background.

Linda McFarland, Chief
County Medical Services Program Unit

Enclosures

cc: Ms. Genny Fleming
Office of County Health Services
Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320